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ABSTRACT

The social learning approach to marital and family therapy is a didactic approach calling for an active and directive therapist and a collaborative client. To examine the variability of therapist and client behaviors within sessions and across the course of treatment, 24 families, in marital and family therapy, participated in the study. Families were randomly assigned to either a marital-then-family therapy sequence or a family-then-marital therapy sequence. Ten therapy sessions were audiotaped and coded for seven therapist and seven client behaviors across three phases of treatment: beginning, sessions 1-3; middle, sessions 4-7; end, sessions 8-10. An analysis of the results showed that encouragement of affective expression was the only therapist behavior that changed across time, starting with low frequency, increasing in the second phase, and decreasing in the third phase. Client measures which changed across time included blame, task orientation, mutuality, and tone. One of the therapist behaviors, encouragement of specificity and clarity, and three of the client behaviors, emergency emotions, welfare emotions, and tone, varied significantly within the treatment sessions. Detailed correlational analyses provided a description of the relationship between therapists' and clients' session behaviors. These findings support a social learning approach to marital and family therapy. (BL)

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A DESCRIPTIVE STUDY OF MARITAL AND FAMILY THERAPY: A SOCIAL LEARNING PERSPECTIVE[1,2]

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A DESCRIPTIVE STUDY OF MARITAL AND FAMILY THERAPY: A SOCIAL LEARNING PERSPECTIVE

While clinical research has been a major facet of the social learning approach to marital and family therapy, little attention has been paid to the study of the therapy process, particularly therapist and client behaviors. Research in the area of the social learning approach to marital and family therapy has focused mainly on the effectiveness of its assessment procedures and treatment interventions, with generally positive results (Jacobson, 1981; Weiss & Margolin, 1977). As with any therapeutic approach, once its overall effectiveness has been examined, researchers begin to ask more specific questions. Therapy process research focuses on those specific questions, and helps to develop an empirically grounded picture of effective therapeutic ingredients. The purpose of this study is to examine the changes in therapist and client session behaviors, and the relationships between those behaviors across treatment.

The social learning approach to marital and family therapy is based on principles taken from operant learning theory (Skinner, 1963), social exchange theory (Thibaut & Kelley, 1959), and cognitive psychology (Bandura, 1969). A major premise of the social learning approach to marital

therapy is that marital partners exert important controlling influences on one another, and these influences occur in a constant and continuous fashion, with both partners simultaneously affecting and being affected by one another. Therapists help couples to clarify their relationship goals, and then help them to work towards these goals by emphasizing training in communication and problem-solving skills, and structuring the relationship to encourage more positive interaction (Jacobson & Margolin, 1979). The social learning approach to family therapy focuses on modifying undersirable child behaviors by reprogramming the social environment through such methods as instruction in social learning based child management techniques, assistance in the definition and observation of targeted prosocial and deviant behaviors, therapist modeling coupled with parents' behavioral rehearsal of appropriate responses to child behavior, and with older children, direct training in negotiation skills for the parents and children (Christensen & Margolin, 1979).

There are several aspects of the social learning approach to marital and family therapies that, if to be implemented effectively, call for specific therapist and client behaviors (Jacobson, 1981; Jacobson & Margolin, 1979). The social learning approach to marital and family therapy is a didactic approach, calling for an active and directive therapist, one who directs the therapy session

by teaching skills, shaping new behaviors, commenting on clients' relationship patterns, redirecting clients' attempts to blame or turn away from the tasks as outlined by the therapist and fostering homework compliance (Jacobson & Margolin, 1979). In addition, the therapist needs to remain open to the clients and not attempt to fit them too quickly into a therapy structure they feel uncomfortable with (Jacobson & Margolin, 1979). Overall, the therapist needs to be firm and confident, while remaining open, warm, and empathic towards the family members.

Clients, on the other hand, need to learn to display a collaborative set, that is, make a commitment to work with each other as well as with the therapist in order to improve their relationship. This means focusing on therapy tasks, practicing skills in session, and completing homework assigned to them by the therapist. Along with cooperation, the clients need to accept responsibility for improving their relationship as well as display a positive and constructive style of communication. Very few clients enter therapy displaying these behaviors, and it is the therapist's task to guide them toward these goals. However, as Jacobson and Margolin point out, this is a difficult task which depends on more than techniques alone.

> Our guess is that the most common determinants of therapy failures are not the inappropriate or ineffectual use of technology, but the inability on the part of the therapist to

> provide a context conducive to the clients' reception of his/her intervention. (Jacobson & Margolin, 1979, p. 106)

The examination of the variability of therapist and client session behaviors and the relationships between these behaviors across the course of treatment is important in attempting to describe the process of the social learning approach to marital and family therapy. This study attempts to provide a description of this process. Specifically, the two major questions of this study are

1. How do therapist and client session behaviors vary both within and across therapy sessions?
2. What are the relationships between therapist and client session behaviors across treatment?

Subjects

The 24 families used in this study were participants in the University Family Studies Project, an NIMH grant jointly administered through the University of California, Los Angeles and the University of Southern California (Christensen & Margolin, 1979; Margolin & Christensen, 1981). Families were accepted into the project if there was evidence of both marital and child problems, and if both parents were living in the home with at least one target child between the ages of 3 and 13. Screening criteria consisted of two marital measures, the Dyadic Adjustment Scale (Spanier, 1976) and the Areas of Change Questionnaire (Weiss & Birchler, 1975), two child measures, the Child

Behavior Checklist (Achenbach, 1978; Achenbach & Edelbrock, 1979), and the Becker Bi-Polar Adjective Checklist (Becker, 1960), and the consensus of two clinicians. In order to participate, families needed to qualify as distressed on at least three of the criteria.

Procedure

Families were recruited from the greater Los Angeles area and seen in treatment at either the University of California, Los Angeles or the University of Southern California. All families received both marital and family therapy, and were randomly assigned to either a marital-then-family therapy sequence or family-then-marital therapy sequence. The marital and family treatment modules each lasted up to 12 weeks. In this study, data from half of the families came from the marital therapy module and data from the other half came from the family treatment module. Session data came from audiotapes of each family's initial 10 sessions, and were coded for 7 therapists' behaviors, Clarification, Interpretation, and Observation, Relationship Emphasis, Education, Encouragement of Affective Expression, Control, Encouragement of Specificity and Clarity, and Style, and 7 clients' behaviors, Emergency Emotions, Welfare Emotions, Task Orientation, Blame, Mutuality, Clarity and Specificity, and Tone of Communication. Observations were made on three segments (each four minutes in length) from each of the therapy sessions.

Reliability coefficients on the measures ranged from .36 to .94, with 10 of the 14 measures having reliability coefficients above .70.

Results

The 10 treatment sessions were collapsed across three phases, with the Beginning Phase consisting of sessions one through three, the Middle Phase consisting of sessions four through seven, and the End Phase consisting of sessions eight through ten. Of the 14 coded session behaviors, only two clients' behaviors, Blame and Task Orientation, showed significant differences between the marital and family treatment modules and, therefore, these two measures were analyzed with the treatment effects having been partialed out.

Therapists' and Clients' Behaviors Across the Three Phases of Treatment

To examine variations in the therapist and client behaviors over the course of treatment, a repeated measures was used. Table 1 contains results from repeated measures analyses on each of the seven therapist behaviors and seven client behaviors.

As can be seen in Table 1, one of the therapist behaviors and four of the client behaviors changed significantly across the three phases of treatment. Encouragement of Affective Expression was the only therapist behavior that changed significantly across time, $F(2,40) = 4.16$,

Table 1

Means and ANOVA Results for Coded Session Behaviors Across the Three Phases of Treatment

Coded Session Behaviors	Mean of Phase 1	2	3	ANOVA			
Therapist Behaviors							
Encouragement of Affective Expression	1.22	1.44	1.20	F	4.16	p < .023	df = 2/40
Relationship Emphasis	3.35	3.32	3.43	F	.49	NS	df = 2/40
Clarification, Interpretation, and Observation	3.04	3.06	3.14	F	.20	NS	df = 2/40
Encouragement of Specificity and Clarity	3.01	3.15	3.04	F	.79	NS	df = 2/40
Education	3.19	3.17	2.99	F	.75	NS	df = 2/40
Control	1.15	1.21	1.19	F	.57	NS	df = 2/40
Style	3.55	3.62	3.51	F	1.27	NS	df = 2/40

Table 1 (Continued)

Coded Session Behaviors	Mean of Phase 1	2	3	ANOVA			
Client Behaviors							
Task Orientation	4.35	4.10	4.16	F	4.72	p < .014	df = 2/40
Mutuality	3.13	2.64	2.83	F	3.42	p < .043	df = 2/40
Blame	1.73	2.25	2.04	F	5.35	p < .009	df = 2/40
Tone	3.26	2.91	3.04	F	3.43	p < .042	df = 2/40
Clarity and Specificity	3.99	4.07	4.23	F	2.50	NS	df = 2/40
Welfare Emotions	1.24	1.20	1.29	F	.61	NS	df = 2/40
Emergency Emotions	2.13	2.53	2.34	F	1.97	NS	df = 2/40

$p < .023$. In view of the high overall F for this measure, a trend analysis was performed. This analysis revealed a significant Quadratic trend, $F(1,20) = 5.49$, $p < .030$, reflecting that the behavior started out relatively low in frequency during the first phase of treatment, increased during the second phase of treatment, and then decreased in the third phase of treatment (Figure 1).

The client measures which changed significantly across the three treatment phases included Blame, $F(2,40) = 5.35$, $p < .009$, Task Orientation, $F(2,40) = 4.72$, $p < .014$, Mutuality, $F(2,40) = 3.42$, $p < .043$, and Tone, $F(2,40) = 3.43$, $p < .042$. Trend analyses were also conducted on these measures, indicating significant Quadratic trends for Blame, $F(1,20) = 11.38$, $p < .003$, Task Orientation, $F(1,20) = 5.90$, $p < .025$, and Mutuality, $F(1,20) = 6.85$, $p < .017$. Task Orientation and Mutuality started out relatively high in frequency in the first phase of treatment, decreased during the second phase, and increased during the third phase. Blame exhibited the opposite pattern (Figure 2).

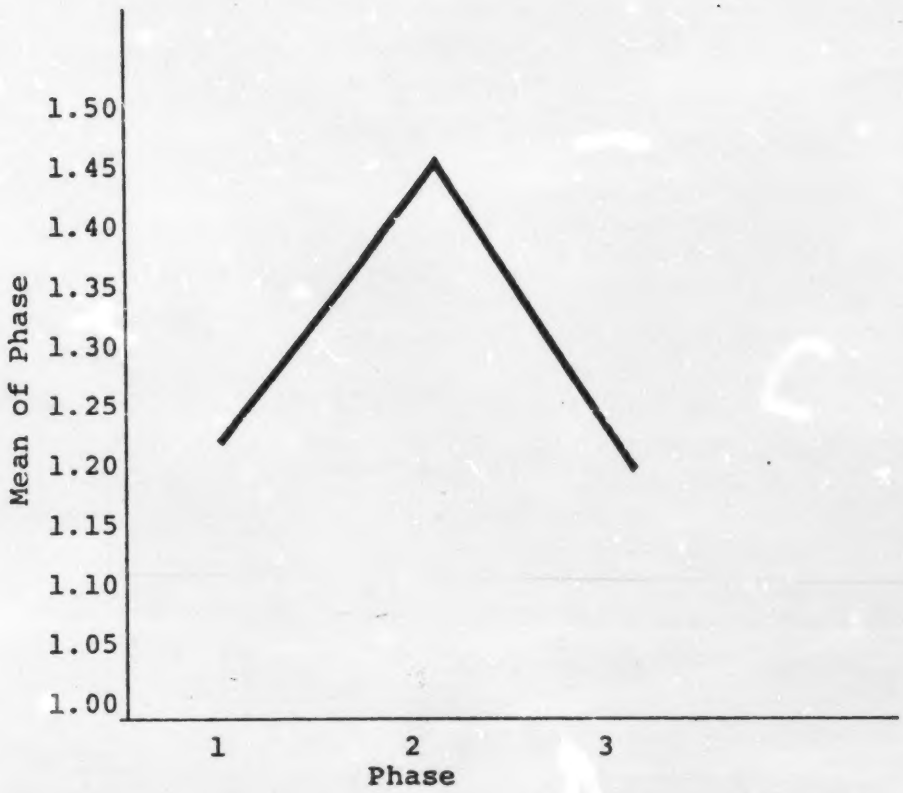

Figure 1. Means of Treatment Phases for Coded Therapist Session Behavior "Encouragement of Affective Expression."[a]

[a]Quadratic Trend, F 5.49, $p < .030$, $df = 1/20$.

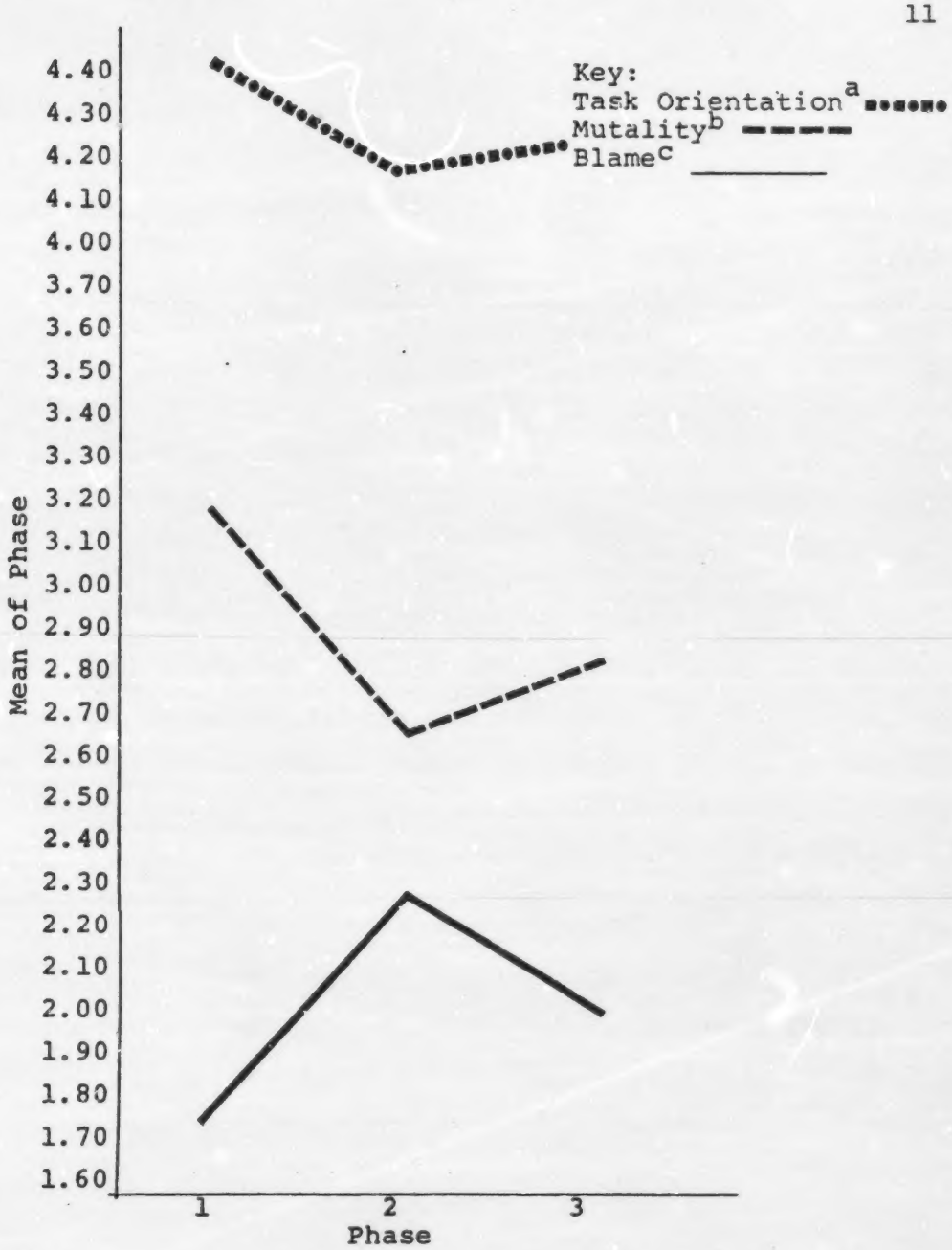

Figure 2. Means of Treatment Phases for Coded Client Session Behaviors.

[a]Quadratic Trend, F 5.90, $p < .025$, $df = 1/20$

[b]Quadratic Trend, F 6.85, $p < .017$, $df = 1/20$

[c]Quadratic Trend, F 11.38, $p < .003$, $df = 1/20$

Therapists' and Client's Behaviors Across the Three Stages of Treatment Sessions

Repeated measures were employed to investigate variations in therapist and client behaviors from the beginning to the end of the treatment hour. Three segments were coded from each therapy session of each of the 24 families. The three segments were sampled from the first 20 minutes (Beginning Stage), the second 20 minutes (Middle Stage), and the third 20 minutes (End Stage) of each therapy session.

Table 2 describes the repeated measures analyses on each of the therapists' and clients' behaviors. One of the therapist behaviors, Encouragement of Specificity and Clarity, $F(2,44) = 4.21$, $p < .021$, and three of the client behaviors, Emergency Emotions, $F(2,44) = 3.21$, $p < .050$, Welfare Emotions, $F(2,44) = 3.98$, $p < .026$, and Tone, $F(2,44) = 3.95$, $p < .027$, varied significantly across the three stages of the treatment sessions. Although not significant, therapist behavior Education, $F(2,44) = 2.98$, $p < .061$, revealed a linear trend, gradually increasing as the session proceeded.

Trend analyses were conducted on these measures as shown in Figures 3 and 4. For Encouragement of Specificity and Clarity, there was a significant linear trend, showing a decrease in frequency across the stages, $F(1,22) = 4.21$,

Table 2

Means and ANOVA Results for Coded Session Behaviors Across the Beginning, Middle, and End Stages of the Treatment Sessions

Coded Session Behaviors	Mean of Stage			ANOVA		
	Beginning	Middle	End			
Therapist Behaviors						
Encouragement of Specificity and Clarity	3.18	2.93	2.89	F 4.21	$p < .021$	df = 2/44
Clarification, Interpretation, and Observation	3.24	3.06	3.00	F 2.27	NS	df = 2/44
Education	2.92	3.09	3.23	F 2.98	NS	df = 2/44
Relationship Emphasis	3.30	3.39	3.38	F 1.25	NS	df = 2/44
Control	1.20	1.21	1.19	F .12	NS	df = 2/44
Encouragement of Affective Expression	1.34	1.25	1.29	F 2.50	NS	df = 2/44
Style	3.54	3.54	3.57	F .20	NS	df = 2/44

Table 2 (Continued)

Coded Session Behaviors	Mean of Stage			ANOVA		
	Beginning	Middle	End			
Client Behaviors						
Emergency Emotions	2.23	2.53	2.41	F 3.21	$p < .050$	$df = 2/44$
Welfare Emotions	1.31	1.15	1.22	F 3.98	$p < .026$	$df = 2/44$
Tone	3.17	2.94	3.04	F 3.95	$p < .027$	$df = 2/44$
Task Orientation	4.15	4.13	4.20	F 1.50	NS	$df = 2/44$
Mutuality	2.94	2.79	2.84	F 1.20	NS	$df = 2/44$
Clarity and Specificity	4.08	4.12	4.12	F .37	NS	$df = 2/44$
Blame	1.94	2.15	2.06	F 1.91	NS	$df = 2/44$

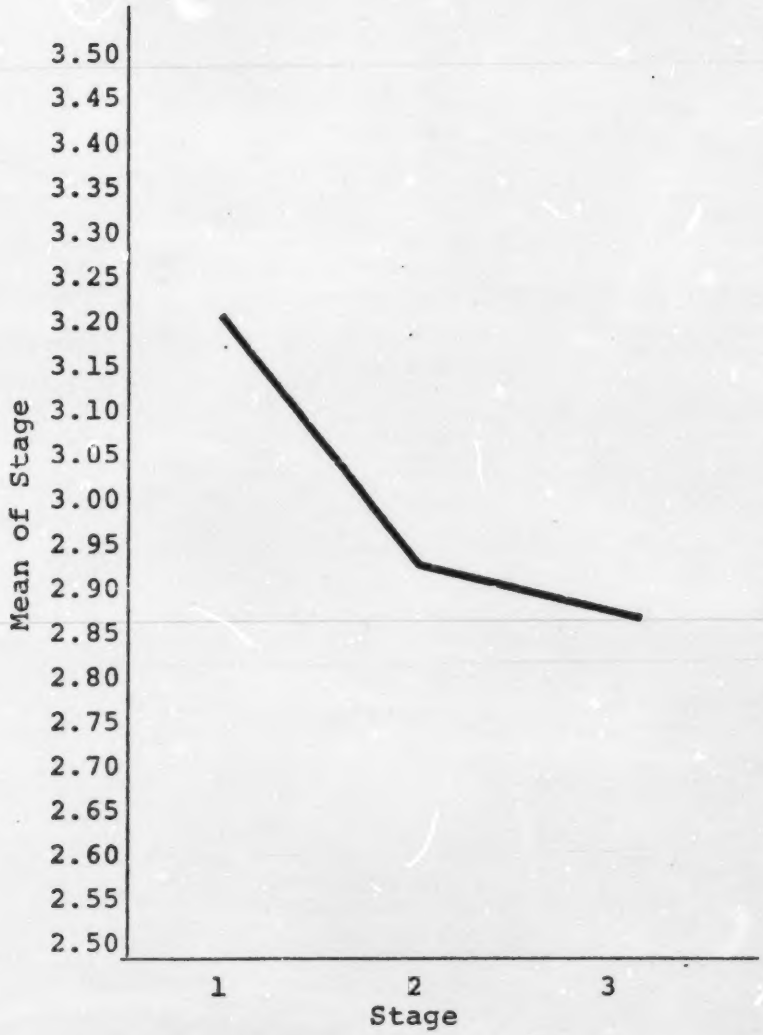

Figure 3. Means of Session Stages for Coded Therapist Behavior "Encouragement of Specificity and Clarity."[a]

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[a]Linear Trend, $F = 4.21$, $p = < .021$, $df = 1/22$

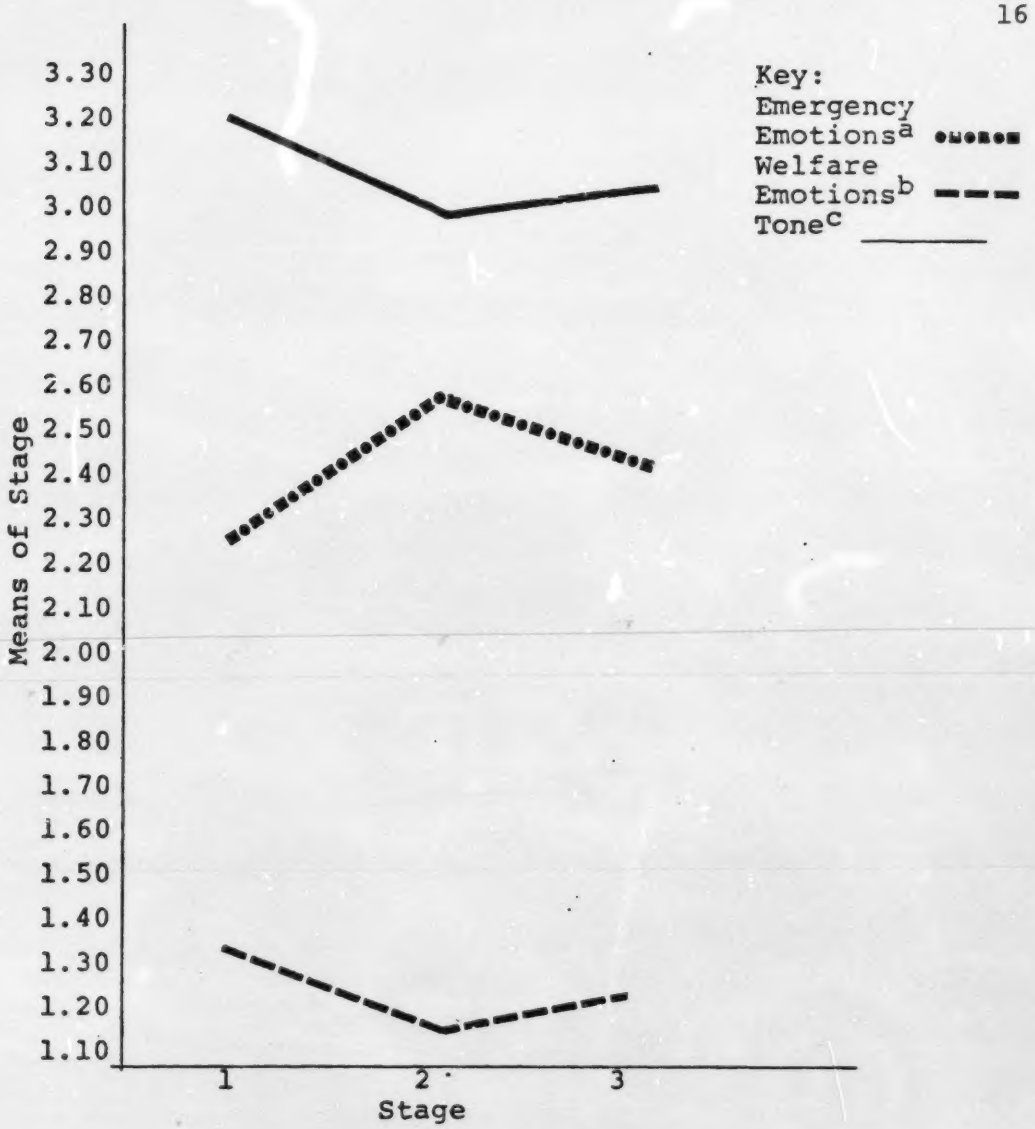

Figure 4. Means of Session Stages for Coded Client Behaviors.

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[a]Quadratic Trend, $F = 9.24$, $p < .006$, $df = 1/22$

[b]Quadratic Trend, $F = 4.74$, $p < .040$, $df = 1/22$

[c]Quadratic Trend, $F = 7.54$, $p < .012$, $df = 1/22$

$p < .021$. This is in contrast to Emergency Emotions, $F(1,22) = 9.24$, $p < .006$, Welfare Emotions, $F(1,22) = 4.74$, $p < .040$, and Tone, $F(1,22) = 7.54$, $p < .012$, which all varied in a quadratic fashion. Welfare Emotions and Tone both began relatively high in frequency in the first stage, decreased during the second stage, and then increased during the third stage. Emergency Emotions displayed the opposite pattern.

Relationships Between Therapists' and Clients' Sessions Behaviors

In order to explore the associations between what therapists do in sessions and what clients do in sessions, correlational analyses, resulting in Pearson product-moment correlational coefficients, were performed, looking at the relationships between the seven therapist session measures and the seven client session measures, within each of the three phases of treatment.

Table 3 comprises the intercorrelations among the coded sessions behaviors in the Beginning phase of treatment. Clarification, Interpretation, and Observation by the therapist showed a significant correlation with client behavior Clarity and Specificity, $r = .36$, $p < .043$, as did therapist behaviors Relationship Emphasis, $r = .40$, $p < .026$, and Control, $r = -.41$, $p < .024$. Therapist behavior Education had a significant relationship with two

Table 3

Correlation Matrix of Coded Session Behaviors in the Beginning Phase of Treatment

	Client Behaviors						
	Emergency Emotions	Welfare Emotions	Tone	Clarity and Specificity	Mutuality	Blame	Task Orientation
Therapist Behaviors							
Clarification, Interpretation, and Observation	.13	-.08	.23	.36*	-.10	.30	-.38
Relationship Emphasis	.19	.02	.09	.40*	.18	.29	.00
Control	-.04	.04	-.04	-.41**	-.08	.23	-.07
Affect	.24	.24	.01	.01	-.24	-.21	.13
Education	-.08	.02	-.17	-.18	.36*	-.21	.59***
Specificity and Clarity	-.15	-.39*	.23	.21	.06	.03	-.17
Style	-.12	.12	-.01	.11	-.12	-.23	-.26

Note. Number of cases in these analyses was 24, except in the analyses involving Blame and Task Orientation, in which the number of cases was 21.

*$p < .05$
**$p < .025$
***$p < .01$

client behaviors, Mutuality, r = .36, p < .042, and Task Orientation, r = .59, p < .003. Finally, therapist behavior Encouragement of Specificity and Clarity and client behavior Welfare Emotions were significantly correlated, r = .39, p < .031.

Results from the Middle phase of treatment, shown in Table 4, reveal that three of the therapist behaviors had significant relationships with at least one of the client behaviors. Therapist behavior Relationship Emphasis was significantly correlated with two client behaviors, Welfare Emotions, r = .36, p < .041, and Clarity and Specificity, r = .35, p < .045. Therapist behavior Control showed a significant relationship with Tone, r = .53, p < .004, while therapist behavior Style had a significant relationship with client behaviors Clarity and Specificity, r = .39, p < .03, and Mutuality, r = .35, p < .045.

Table 5 presents the intercorrelations from the End phase of treatment. Therapist behavior Clarification, Interpretation, and Observation was significantly correlated with Emergency Emotions, r = .37, p < .045. Relationship Emphasis showed a significant relationship with Task Orientation, r = .57, p < .007, while Control had a significant relationship with Emergency Emotions, r = .50, p < .01. Encouragement of Affective Expression was significantly correlated with three client behaviors, Emergency Emotions, r = .38, p < .041, Tone, r = .43,

Table 4

Correlation Matrix of Coded Session Behaviors in the Middle Phase of Treatment

	Client Behaviors						
	Emergency Emotions	Welfare Emotions	Tone	Clarity and Specificity	Mutuality	Blame	Task Orientation
Therapist Behaviors							
Clarification, Interpretation, and Observation	.06	-.22	.18	.07	.19	-.36	.08
Relationship Emphasis	.27	-.36*	-.15	.35*	-.21	-.04	-.10
Control	.27	-.30	-.53***	-.16	-.20	.28	.00
Affect	.23	.09	-.13	-.08	.05	.04	.25
Education	-.22	.14	.10	-.13	.19	.39	.23
Specificity and Clarity	.02	-.23	.15	.30	.16	-.24	.16
Style	-.17	-.29	.31	.39*	.35*	-.17	.10

Note. Number of cases used in these analyses was 24, except in the analyses involving Blame, in which the number of cases was 14, and Task Orientation, in which the number of cases was 21.

*p < .05
**p < .025
***p < .01

Table 5

Correlation Matrix of Coded Session Behaviors in the End Phase of Treatment

	Client Behaviors						
	Emergency Emotions	Welfare Emotions	Tone	Clarity and Specificity	Mutuality	Blame	Task Orientation
Therapist Behaviors							
Clarification, Interpretation, and Observation	.37*	-.06	-.23	.10	.09	.38	-.18
Relationship Emphasis	.23	-.30	-.13	.27	-.14	.14	.57***
Control	.50***	.14	-.32	.04	-.31	.13	-.29
Affect	.38*	.15	-.43**	.07	-.18	.67***	-.15
Education	-.55***	.06	.51***	-.27	.25	-.68***	.16
Specificity and Clarity	.17	-.30	.06	.01	.34	.63**	-.10
Style	-.05	-.09	.05	.12	.22	.25	-.15

Note. Number of cases used in these analyses was 22, except for analyses involving Blame, in which the number of cases was 9, and Task Orientation, in which the number of cases was 19.

*$p < .05$
**$p < .025$
***$p < .01$

$p < .024$, and Blame, $r = .67$, $p < .012$. Education was also significantly correlated with three client behaviors, Emergency Emotions, $r = .55$, $p < .004$, Tone, $r = .51$, $p < .008$, and Blame, $r = .68$, $p < .011$. Finally, Encouragement of Specificity and Clarity had a significant relationship with Blame, $r = .63$, $p < .020$.

It should be noted that not all of the 24 families completed eight sessions of therapy (the minimum required to be included in the End Phase), thereby reducing the sample size, and requiring stronger correlational coefficients for statistical significance. Therefore, coefficients which would have been significant in the two earlier phases, were not significant during the End Phase.

Conclusions

By examining the changes in therapist and client session behaviors, and the relationships between these behaviors across treatment, this study attempted to provide a description of the social learning approach to marital and family therapy. It is noted that the correlational analyses used in this study leave the researcher with several questions about the results. Causality cannot be inferred, and fluctuations in the sample size greatly affect significance levels. Given these questions, caution must be used in interpreting these results.

The manner in which client behaviors varied across the treatment phases and across the session stages reflect similar processes. The more "positive" behaviors decreased from the beginning to the middle and increased during the end, while the more stress-related behaviors displayed the opposite pattern. Two possible processes are suggested by these findings. First, a common approach practiced by the therapists in this study, was to focus initially on the strengths and positive aspects of the relationships. As the clients were able to view the more positive aspects in their relationship, therapy began to focus on the problems in the relationships. Ideally, as treatment came to an end, the clients were experiencing more positive control over their problems. The same approach took place within a brief time frame within each session, with the early stage focusing on reviewing homework from the week before, the middle stage focusing on problem issues, and the end stage focusing on problem resolutions, or at least, descriptions of steps that would be taken toward problem resolution.

Second, this pattern may reflect clients' feelings of safety both within each session and across the various treatment phases. That is, as treatment progressed, rapport may have developed between the clients and therapist, and the clients' confidence in the therapist's ability to protect each of them in the session may have

increased. As a result, the clients may have felt safer to express their negative feelings to both their family members and to the therapist, without fear of losing control or being harshly judged.

Additional support for this hypothesis comes from therapist behavior Encouragement of Affective Expression, which was closely related to the clients' behaviors across the treatment phases. That is, the therapists began treatment by focusing on safe, non-explosive issues, gradually moved on to more problematic issues, encouraging clients to express their emotions, and as therapy progressed, the therapists needed to encourage affective expression less as the clients began to do so on their own, and as treatment focused on the more practical aspects of problem solving. In addition, the therapists may have encouraged affective expression more, as they sensed the clients feeling more comfortable and safer in doing so. In other words, the clients' expression of affect may have been an interactive process between the therapists' encouragement and the clients' feelings of safety.

As might be expected from social learning therapy, therapist Encouragement of Specificity and Clarity decreased in a linear fashion, while Education increased in a linear fashion. These results may reflect a typical session agenda, whereby the early stages of a session were

spent reviewing homework from the week before, detailing any problems which arose with the assignment, and/or detailing positive or negative events which occurred during the week. The later stages, on the other hand, focused on new areas and/or taking more steps toward effective communication and problem solving.

While the data discussed above describe how the therapists' and clients' behaviors varied both within and across treatment sessions, they do not help one to understand the specific relationships between the therapists' and clients' behaviors across the course of treatment. The correlational analyses provide a description of these relationships.

Therapist behaviors Clarification, Interpretation, and Observation, Relationship Emphasis, and Control, were positively associated across the three treatment phases with stressful types of client behaviors such as Blame and Emergency Emotions, and negatively associated with non-stressful behaviors such as Task Orientation, Welfare Emotions, and positive Tone. In addition, during the End phase of treatment, the therapists' levels of Encouragement of Affective Expression were positively associated with client behaviors Blame, Emergency Emotions, and negative Tone. Therapist behavior Education was positively associated with client behaviors Mutuality and Task Orientation during the Beginning phase, and negatively associated

with Blame and Emergency Emotions during the End phase. A seemingly contradictory result is that therapist behavior Encouragement of Specificity and Clarity was negatively associated with Welfare Emotions during the Beginning and End phases, and positively associated with Blame and Mutuality during the End phase.

Throughout the treatment phases, there is a correspondence between therapists' attempts to take control of the therapy process, clarify, interpret, and make observations, and reframe problems in terms of relationship issues, and clients' blaming, expressing emergency emotions, not talking in a positive tone, not being task oriented, or not expressing welfare emotions. These results suggest a consistent and predictable pattern of therapist-client interaction, whereby during negative client interactions, the therapist interrupted these interactions, made observations about these interactions, and at times, attempted to reframe the problems in terms of relationship issues.

As anticipated from the social learning literature (Jacobson, 1981; Jacobson & Margolin, 1979), educational behaviors on the part of the therapist were positively associated with clients being task oriented and working together during the Beginning phase of treatment, and during the End phase, positively associated with positive

tone of communication and negatively associated with blaming and stressful interactions.

These results suggest that an educational approach is positively associated with clients' mutuality and task orientation, and disrupted by clients' angry and blaming behaviors. It appears, therefore, that if a therapist wants to follow an educational approach, s/he should encourage mutuality and task orientation, while controlling blaming and angry communication.

The assessment procedures and treatment interventions of the social learning approach to marital and family therapy have been shown to be generally effective. It is now important to examine the specific and subtler aspects of this treatment approach. This study examined some facets of the treatment process, and the results suggest that further research in this area may provide a better understanding of the social learning approach to marital and family therapy.

FOOTNOTES

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